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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2015

FLORIDA RESEARCH & FILING SERVICES

SUBJECT: SELPATS PORTFOLIO I, LLC

Ref. Number: W15000074853

We have received your document for SELPATS PORTFOLIO I, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00024077

* RESUBULTING TONS

RETAINSSION 115

SUBMITING

RETAINSSION 115

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000

OFFICE USE ONLY

WALK-IN

ENTITY NAME:

SELPATS PORTFOLIO, LLC

CK# 7070 FOR \$160.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO:	Registration Section Division of Corpora					
SUBJE	Selpats Portfoli					
			Limited Liability	Company		
The end Existen	closed "Application by ace, and check are sub	Foreign Limited Liability Com nitted to register the above refer	pany for Anthoriza enced foreign limi	ntion to Tra ted liability	unsact Business in Florida," Certificat y company to transact business in Flor	e of ida
Please	return all corresponder	nce concerning this matter to the	following:			
	Christophe	r Orosco				
. Name of Person						
	Selpats Por	tfolio I, LLC				
	10 Harris C	Court, Suite B-1				
	4		Address			
	Montercy,	CA 93940				
	 	City/s	State and Zip Code			
	speverini@o	roscogroup.com				
	***	B-mail address: (to be use	d for future annua	report not	ification)	-
For fur	ther information conce	rning this matter, please call:			TASE L	28
	Christopher Orosco		831 at (649-02	20	≅ ~ 77
	Na	me of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRI Division of Corpora Registration Section	tions		Division	r ADDRESS: of Corporations ion Section	M
	P.O. Box 6327 Tallahassee, FL 323	14			fullding coutive Center Circle 55 see, FL 32301	
Enclose	ed is a check for the fo I \$125.00 Filing Pe		St55.00 Fili Certified Copy		■ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	gn Limited Liability Company; must include	"Limited Liability Company	'," "L,1C.," (or "LLC.")	
If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the purpose of transar	cting business in Florida. Ti	ie alternate n	ame must include	"Limited
2. Delaware		7-5531787			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI numbe	r, if applicab	le)	
1	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S	ida, if prior to registration.) . to determine penalty liabili	ity)		
5. 10 Harris Court, Suite I	3-1	····			
Monterey, CA 93940				7 ~	
5.	(Street Address of Principal C			SECKETA	- T1
				(5) -	- Constants
	(Malling Address)			Ting ω	m
7. Name and street address	of Florida registered agent: (P.O. Box NRAI Services, Inc.	NOT acceptable)		F 514	Ö
Name:		D d		57 =	
Office Address:	1200 South Pine Island	Koad		». ∨	
	Plantation	, Plorida	33324		
Registered agent's accept	(City)	•	(Zip code)	- 	
designated in this applicat to complywith the provision	gistered agent und to accept service of prolon, I hereby accept the appointment as ons of all statuted relative to the proper a ny position as registered agent.	registered agent and agr	ee to act in e of my dut	this capacity. I j les, and I am fai	further agree
	(Registered agen	t's signature)			
8. The name, title or capa	city and address of the person(s) who has	have authority to manage	s'Is/aro:		
Christopher Orosco -	MEMBEL				
10 Harris Court, Suite B-1					
Monterey, CA 93940					
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted) Signature of an aut	is in a foreign language,	official havi a translation	ng custody of rec	ords in the e under oath
This document is executed	in accordance with section 605.0203 (1)	(b), Florida Statutes. I am	aware that	any false informa	ation
submitted in a document to	the Department of State constitutes a thin Christopher Orosco	rd degree felony as provid	ed for in s.8	17.155, F.S.	

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SELPATS PORTFOLIO 1, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWELFTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SELPATS

PORTFOLIO 1, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10409829

Date: 11-12-15

5866562 8300 SR# 20150891251

You may verify this certificate online at corp.delaware.gov/authver.shtml